College Campus Safety AND Violence Prevention

PSA CHALLENGE ENTRY FORM

PSA Submission

Please specify the full title as it should be credited. Use one Entry Information Sheet per submission. For more information, the Contest Rules, Terms, and Conditions and Frequently Asked Questions forms, visit www.gosap.virginia.gov, email us at www.gosap.virginia.gov, email us at <a href="

<u>gosap@governor.vii</u>	<u>rginia.gov</u> , or call us at (804) 786-9072 .	
Title of PSA:	Running time (maximum = 30 seconds):	
Name of School:Production Team (Limit 6		imum = 30 seconds):
,	·	
Name:		Grade:
Role(s) on Production Team (Director, Writer, Cast,	Crew, etc. – list all that apply):	
E-mail:	Phone:	
Name:		
Role(s) on Production Team (Director, Writer, Cast,		
E-mail:	Phone:	
Name:	Age:	Grade:
Role(s) on Production Team (Director, Writer, Cast,		
E-mail:	Phone:	
Name:		
Role(s) on Production Team (Director, Writer, Cast,	Crew, etc list all that apply):	
E-mail:	Phone:	
Name:		
Role(s) on Production Team (Director, Writer, Cast,	Crew, etc list all that apply):	
E-mail:	Phone:	
Name:		
Role(s) on Production Team (Director, Writer, Cast,	Crew, etc list all that apply):	
E-mail:	Phone:	
Names of all other persons appearing in the PSA: _		

Please include Name and Likeness Release Forms for each Production Teammate AND everyone appearing in the PSA ENTRI ES MUST BE POSTMARKED BY APRIL 30, 2011

<u>Entries must include:</u> the PSA video, a completed Entry Form, completed Name and Likeness Release Forms for everyone involved with and/or appearing in the PSA, completed Copyright Certification Forms (if necessary), and completed Parental Consent for Minor forms (if necessary). <u>Submit entries online at www.gosap.virginia.gov</u>